

Appl. No. 10/774,551
Amdt. dated February 2, 2007
Reply to Office Action of November 3, 2006

Atty. Ref. 81716.0120
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Ken FURUKUWA
Serial No. 10/774,551
Confirmation No. 1137
Filed: February 9, 2004
For: CERAMIC CIRCUIT BOARD
AND METHOD FOR
MANUFACTURING THE SAME

Art Unit: 2841
Examiner: Jeremy C. Norris

CERTIFICATE OF ELECTRONIC TRANSMISSION

Date of Transmission: February 2, 2007

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

I hereby certify that

☒ Amendment/Amendment Transmittal/Figure 6

are being transmitted via electronic filing on the date indicated above to the:

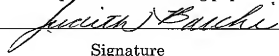
Commissioner for Patents, USPTO

Date: February 2, 2007

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Judith Bacchi

Name of person transmitting papers



Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Date of Deposit

Judith Bacchi

Name

Signature Date 02/02/07

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE:	ADD'L FEE DUE
TOTAL CLAIMS FEE	8	-	20	0	LG=\$50 SM=\$25	\$0 \$ 0
INDEPENDENT CLAIMS FEE	1	-	3	0	LG=\$200 SM=\$100	\$0 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180 \$ 0
Independent Claims: 9						TOTAL \$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the fee of \$___ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☐ Please charge the fee of \$___ for the ___ month extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
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Registration No. 44,228
Attorney for Applicant(s)

Date: February 2, 2007

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